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MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>Pima</u>		State <u>ARIZONA</u>		State File No. <u>4771</u>	
Township <u>Ureson</u>		City <u>Ureson</u>		or Village		Registered No. <u>4771</u>	
Length of residence in city or town where death occurred <u>4</u> yrs. <u>4</u> mos. <u>4</u> ds.				(If death occurred in a hospital or institution, give its NAME instead of street and number) <u>Pantherman Methodist Hosp.</u>			
2. FULL NAME <u>Amalia Araya</u>				How long in U. S. if of foreign birth <u>23</u> yrs. <u>4</u> mos. <u>4</u> ds.			
(a) Residence: No. <u>Sta. Margarita</u> <u>Ariz.</u>				How long in State when death occurred <u>23</u> yrs. <u>4</u> mos. <u>4</u> ds.			
(Usual place of abode)				(If not resident, give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WID-OWED, or DIVORCED, <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>—</u>							
6. DATE OF BIRTH (month, day, and year) <u>1911</u>							
7. AGE		Years <u>23</u>	Months <u>4</u>	Days <u>4</u>	If LESS than 1 day, <u>—</u> hrs. or <u>—</u> min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Homework</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>—</u>					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>—</u>					
12. BIRTHPLACE (city or town) <u>Pancho de Arco</u> (state or country) <u>Ariz. U.S.</u>							
13. NAME <u>Crisoforo Araya</u>							
14. BIRTHPLACE (city or town) <u>Ureson</u> (State or country) <u>Ariz.</u>							
15. MAIDEN NAME <u>Lina Rivero</u>							
16. BIRTHPLACE (city or town) <u>El Gato</u> (State or country) <u>Sonora, Mexico</u>							
17. INFORMANT (Address) <u>Crisoforo Araya</u>							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Holy Hope Cem.</u> Date <u>6-23-34</u>							
19. UNDERTAKER (Address) <u>Ureson Mortuary</u>							
20. Filed <u>6-23-34</u> <u>Ureson, Ariz.</u>							
21. DATE OF DEATH (month, day, and year) <u>6-22-1934</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>June 20, 1934 to June 22, 1934</u>							
I last saw her alive on <u>June 22, 1934</u> death is said to have occurred on the date stated above, at <u>2:30 p.m.</u>							
The principal cause of death and related causes of importance were as follows: <u>Double lobular pneumonia</u>							
<u>Both lungs entire</u>							
Other contributory causes of importance: <u>—</u>							
Name of operation <u>—</u> Date of <u>—</u>							
What test confirmed diagnosis <u>Specimen</u> Was there an autopsy? <u>No</u>							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>—</u> Date of injury <u>—</u> , 19 <u>—</u>							
Where did injury occur? <u>—</u> (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury <u>—</u>							
Nature of injury <u>—</u>							
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>							
If so, specify <u>—</u>							
(Signed) <u>—</u> M. D.							
(Address) <u>—</u>							
Back of Certificate to be used for any Additional Information							